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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 47237-0396	
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on 1 March 2006</p> <p>Signature _____</p> <p>Typed or printed name: *</p>		<p>In re Application of: Kengo AKIMOTO et al. Application Number: 09/807,541 Filed: April 13, 2001</p> <p>For: MICROORGANISMS THAT EXTRACELLULARLY SECRETE LIPIDS AND METHODS OF PRODUCING LIPID AND LIPID VESICLES ENCAPSULATING LIPIDS USING SAID MICROORGANISMS</p> <p>Art Unit 1655 Examiner K. Srivastava, Ph.D.</p>	
<p>Applicant(s) hereby appeal(s) to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) <u>\$500.00</u></p> <p> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <u>\$N/A</u> </p> <p> <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. </p> <p> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. </p> <p> <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. </p> <p> <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50-0573</u>. I have enclosed a duplicate copy of this sheet. </p> <p> <input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. </p> <p>I am the</p> <p> <input type="checkbox"/> applicant/inventor </p> <p> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is Enclosed. (Form PTO/SB/96) </p> <p> <input checked="" type="checkbox"/> attorney of record. Registration Number: 43,371 </p> <p> <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34: _____ </p> <p>Telephone Number: <u>202-842-8800</u></p> <p>Date: <u>1 March 2006</u></p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*</p> <p><input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.</p>			

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